



# Kirtland AFB Commander's Medical Tool Kit

September 2014

**Note:** The guidance within the Kirtland AFB Commander's Medical Toolkit does not generate DoD or Air Force policy, but is rather an interpretation of such policies for the purpose of providing Kirtland AFB commanders, First Sergeants and Leadership with useful medical program guidance.

## **377 MDG Commander's Message**

The 377th Medical Group is dedicated to providing the highest standard of quality care and customer service to our patients. Our mission is to uphold nuclear surety, ensure expeditionary medical readiness and promote optimal health to all beneficiaries! The 377 Medical Group is AFMC's Clinic of the Year and our outstanding staff that is determined to provide you with the care you and your units deserve.

This Tool Kit was created to provide guidance to Commanders, First Sergeants and leadership throughout Kirtland AFB to enhance our ability to provide timely and effective care. I want to personally relay our commitment to create a premier healthcare experience to all entrusted to our care. This guide will help prepare you for the questions you may encounter from your respective units. I encourage you to share this guide. As always, if you have any questions please don't hesitate to contact us.



Rachel H. Lefebvre, Colonel, USAF, MSC  
Commander, 377th Medical Group

## Local Phone Numbers & Hours

### Medical Appointments, Nurse Advice, & Urgent Care:

Central appointments line ( <b>Hours: 0630-1600</b> ):	505-846-3200
After hours Nurse Advice and Urgent Care access ( <b>1600-0630</b> ):	505-846-3200
Out of area urgent care:	<b>1-877-988-9378 or 505-846-3200</b>

### Dental:

MTF Dental Care ( <b>Hours: 0700-1600</b> ):	505-846-3027
After hours Dental Emergency ( <b>Hours: 1600-0700</b> ):	505-857-3705
MetLife Dental Enrollment:	1-855-638-8371

### Pharmacy:

MTF Pharmacy Phone Number ( <b>Hours: 0730-1700</b> ):	505-846-3131
MTF Refill Pharmacy Phone Number ( <b>Hours: 0730-1700</b> ):	505-846-3131
Mail Order, Express-Scripts:	1-877-363-1303

### MTF Enrollment & Benefit Questions:

North Region: HealthNet	1-877- 874-2273
South Region: Humana	1-800-444-5445
West Region: United Healthcare	1-877-988- (9378)

### Other Important MTF Numbers:

Information Line:	505-846-3335/3336
Medical Claims (0730-1630):	1-877-988-9378
Patient Travel (0730-1630):	505-846-3417
Privacy Officer (0700-1600):	505-846-8072
Beneficiary Counselor (0700-1700):	505-846-3335/3336
Patient Advocate (0730-1630):	505-846-3305

## **377th Medical Group Services Available**

Family Health

Women's Health

Pediatrics

Physical Therapy

Medical PRP Clinic

Flight Medicine

Chiropractic Care (AD only)

Mental Health

- Family Advocacy
- Drug Demand Reduction

Pharmacy

Radiology (Provided by VA)

Laboratory (Provided by VA)

Dental Care

Occupational and Environmental Health

- Workers Health
- Disease Surveillance
- Health and Wellness

Immunizations

Optometry

TRICARE Operations and Patient Administration

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# 1. TRICARE Health Plan Options

TRICARE is the name of the Department of Defense's health insurance program for military families. Under TRICARE, there are three core health plans for beneficiaries to choose between: TRICARE Prime, TRICARE Standard, and TRICARE Extra. Additional health programs are available for specific populations, such as young adults.

- **TRICARE Prime:** TRICARE Prime is a voluntary health maintenance organization (HMO) option for family members and retirees, but it is mandatory for active duty. There are generally no enrollment fees, co-payments or deductibles for active duty or their families. FY 2014 enrollment fees for retirees and their families are \$269.28 per year for individuals or \$538.56 per year for families. Military treatment facilities (MTFs) are the principal source of health care for Prime enrollees, but specialty care may sometimes be provided through the Prime network of civilian providers with no out-of-pocket cost with a referral from your primary care manager (PCM).
- **TRICARE Standard:** This plan is the CHAMPUS (indemnity, fee-for-service) program with a new name. It is the default TRICARE option for all eligible beneficiaries who do not enroll in TRICARE Prime. In this plan, there are no enrollment fees, but individuals and families do have to satisfy annual deductibles before TRICARE will pay for medical services. TRICARE will make payments for medically necessary care received from network providers or authorized non-network providers. Cost shares continue to apply even after annual deductibles are met.
- **TRICARE Extra:** TRICARE Extra is a preferred provider option (PPO) that rewards TRICARE Standard patients for using TRICARE network providers. The only difference between TRICARE Standard and Extra is a lower cost share at the point of services. All TRICARE Standard beneficiaries automatically pay the lower TRICARE Extra cost share amounts when they choose TRICARE network providers for their medical care. There are no TRICARE Extra enrollment fees and the deductibles are the same as those for TRICARE Standard.
- **TRICARE Prime Remote (TPR):** The TRICARE Prime Remote program is for active duty and reserve component (National Guard and Reserve) members who **live and work** more than 50 miles or one hour's drive time from an MTF, who also live in a TPR-designated ZIP code. Beneficiaries may use the TPR Web site at [www.tricare.mil/tpr/](http://www.tricare.mil/tpr/) to check for TPR eligibility based on location. (**NOTE:** Geographic barriers and other circumstances may justify "remote" designations that are less than 50 miles from an MTF).
- **TRICARE Prime Remote for Active Duty Family Members:** TRICARE Prime Remote for active duty family members (TPRADFM) is a managed care option similar to TRICARE Prime for eligible active duty family members who reside with their active duty sponsor in remote stateside locations.
- **TRICARE Overseas Program (TOP) Prime:** This Prime program is limited to active duty and their command sponsored dependents. Active duty families will typically be given an opportunity to enroll during initial in-processing to their new overseas duty assignment. Beneficiaries may enroll at any time and enrollment remains effective for the entire length of

the sponsor's overseas tour unless the family member chooses to disenroll. **TRICARE Extra:** TRICARE Extra is a preferred provider option (PPO) that rewards TRICARE Standard patients for using TRICARE network providers. The only difference between TRICARE Standard and Extra is a lower cost share at the point of services. All TRICARE Standard beneficiaries automatically pay the lower TRICARE Extra cost share amounts when they choose TRICARE network providers for their medical care. There are no TRICARE Extra enrollment fees and the deductibles are the same as those for TRICARE Standard.

- **TRICARE Young Adult (TYA):** TYA is a premium-based health care plan available for purchase for qualified dependents. TYA offers TRICARE Prime and TRICARE Standard coverage worldwide. TYA includes medical and pharmacy benefits, but excludes dental coverage.
- **TRICARE Plus:** TRICARE Plus is available at limited MTFs to beneficiaries who have both Medicare and TRICARE benefits. The MTF commander has authority to limit enrollment. TRICARE Plus offers Prime-like access to the enrolled MTF, and with no enrollment fee. The TRICARE for Life benefit applies to care received from civilian providers outside the MTF.

### Question

*Which TRICARE option is right for me and my family?* While TRICARE Prime is often the most cost effective, you need to consider several factors such as health status, location, and if you have other health insurance such as your spouse's employment status/benefits. TRICARE provides Beneficiary Counseling and Assistance Coordinators at MTFs and regional customer service toll-free numbers to help you better understand your options.

### Websites

TRICARE Plans: <http://www.tricare.mil/Welcome/Plans.aspx>

## 2. Enrollment

The 377 MDG's region is the West Region and the contractor is United Healthcare Military and Veterans Services. For assistance to enroll in TRICARE Prime, you can call the clinic's Health Benefits Advisor at 846-3335 or 846-3336 or the regional managed care support contractor, United Healthcare Military & Veterans Services, at 1-877-988-9378.

Please keep in mind, to receive TRICARE benefits, beneficiaries must first be registered in the Defense Enrollment Eligibility Reporting System (DEERS) to prove eligibility. It is particularly important to register newborn children in DEERS.

For most people, enrolling in TRICARE Prime is the best option. Please note that many MTFs lack access to care for beneficiaries who are not enrolled in Prime to their facilities. TRICARE Prime beneficiaries (not including ADSMs) who reside more than 30 minutes travel time from Kirtland AFB must request a waiver of the access-to-care travel standards for enrollment to the MTF; otherwise, they may only be eligible to enroll in TRICARE Prime with a civilian network provider.

Enrollment requests received by the 20th of the month will become effective on the first day of the following month. If received after the 20th of the month, TRICARE Prime coverage begins on the first day of the second month. Active duty and their family members are automatically re-enrolled every year unless they ask to be disenrolled.

Children are generally covered as TRICARE Prime beneficiaries for 60 days after birth or adoption, as long as one other family member is enrolled in TRICARE Prime. To keep the child enrolled after the first 60 days, the sponsor must submit an enrollment request to the regional managed care support contractor within 60 days of the birth or adoption. On day 61, if not enrolled in TRICARE Prime, the child will be covered automatically under **TRICARE Standard and Extra**.

### Question

*If my family (active duty) moves to a different region, are we automatically assigned a new PCM, or do we have to re-enroll?*

You have up to 30 days from your out-processing date to enroll in your new location in order to continue your family members' TRICARE Prime coverage. You will be disenrolled from your old location automatically when you enroll at your new location.

### Websites

**TRICARE's Beneficiary Web Enrollment:**

<https://www.dmdc.osd.mil/appj/bwe/indexAction.do;jsessionid=ac128017c97f3e2a6fc180243c587d2e82b3cb25de5>

## 3. ACCESS TO CARE

At the 377 MDG TRICARE Prime enrollees have top priority for access to care. If you need to schedule appointment contact the central appointment line at 846-3200. Our appointment line hours are from 0630 – 1600 M – F. In general, you should expect to be seen within 24 hours for an acute (urgent) need for care; within one week (7 days) for a routine visit; within four weeks (28 days) for preventive health visits; and within four weeks (28 days) for an initial specialty care referral. *See section 7 for Emergency Care.*

### Question

*What is my priority for care in the MTF?*

By law, priority for care at the MTF is based on the following:

**Priority 1:** Active duty personnel, some foreign military members, and some non-active duty military members

**Priority 2:** Active duty family members enrolled in TRICARE Prime, and some foreign military member families

**Priority 3:** Retirees and their family members and Survivors enrolled in TRICARE Prime, and TRICARE Plus enrollees being appointed for primary care



**Priority 4:** Active duty family members not enrolled in TRICARE Prime, and TRICARE Reserve Select beneficiaries

**Priority 5:** Retirees, Survivors and their family members not enrolled in TRICARE Prime, and TRICARE Plus being appointed for specialty care where they are enrolled

### Websites

Access to Care Policy: [http://health.mil/libraries/HA\\_Policies\\_and\\_Guidelines/11-005.pdf](http://health.mil/libraries/HA_Policies_and_Guidelines/11-005.pdf)

## 4. TRICARE Online (TOL)

Kirtland AFB Clinic appointments are accessible anytime from your personal computer through TRICARE Online. TRICARE Prime and Plus patients can book primary care appointments with their primary care manager online 24 hours a day, 7 days a week. All types of beneficiaries, to include enrollees and non-enrollees (if allowed), can book certain self-referral specialty appointments to include eye exams, school physicals, pap smears, and other wellness services (where available). Enhanced features allow beneficiaries to go online to refill their prescriptions, receive access to real-time allergy, medication, and lab test results, and episode of care results. In the near future, TOL will offer radiology test results and vital signs information from electronic health records. TOL also provides patients the ability to update their enrollment information online in the Defense Enrollment Eligibility Reporting System (DEERS).

### Websites

TRICARE Online: <https://www.tricareonline.com/portal/page/portal/TricareOnline/Portal>

## 5. MiCare

Contact your provider staff through secure messaging service, called MICARE. Secure Messaging is a robust package of secure online services that supports the Primary Care Medical Home (PCMH) model of healthcare delivery. Patient registration requires a one-time ID check along with an email invite from a Kirtland clinic staff member. Patients can contact their primary care clinic using seven administrative and clinical message types. The administrative messages include new patient request to access the Secure Messaging system, request for appointment, and note to administrative staff. The clinical messages include note to provider, prescription renewal, lab/rad/test result requests, referral requests and online web-Visits. We can also initiate messages to patients or send a broadcast message to one patient, a subset of patients, or the entire secure messaging enrolled beneficiary population. The full utilization of Secure Messaging has the potential to significantly enhance the way care is delivered into a much more efficient, pro-active, holistic and patient-centered manner. With the full support of the Air Force Surgeon General and AFMS leadership at every level, Secure Messaging provides the AFMS with expedient tools to help us achieve our PCMH and quadruple AIM goals. It allows for a more protected exchange of health information compared to using a personal email account. Benefits of MiCare include:

- Avoid unnecessary office visits and telephone calls
- Communicate online with your healthcare team about non-urgent symptoms
- Receive test and lab results
- Request medication renewals
- Access a large library of patient education materials

To register in MiCare, fill out a registration card at your next appointment and present your military ID. You will then receive an email prompting you to complete the registration process. Once you complete the required steps you can begin sending messages to your Kirtland AFB healthcare team!

### Websites

MiCare: <http://www.afms.af.mil.micare>

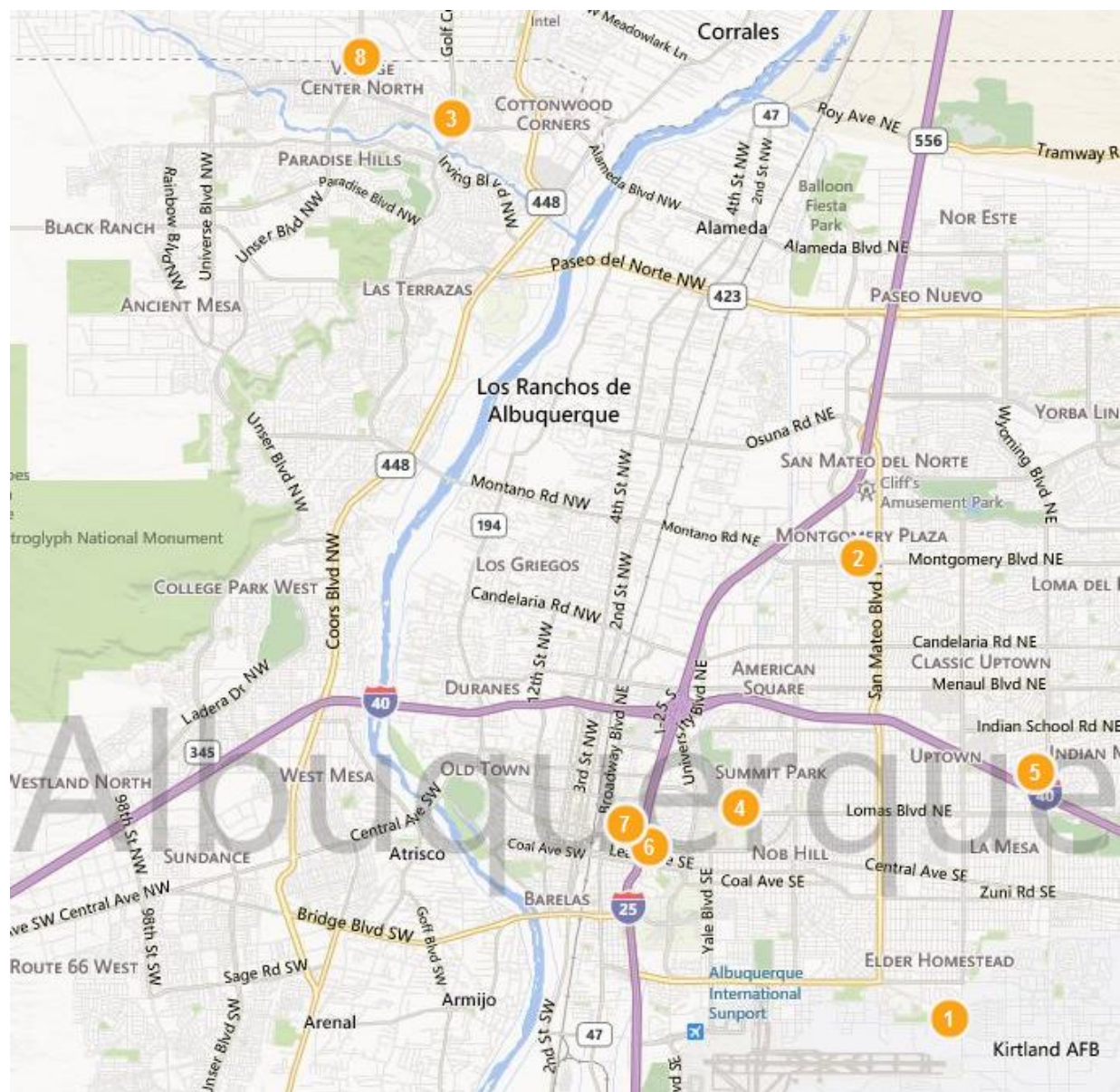
## 6. Emergency Care

In the event of an eyesight, life or limb threatening condition requiring *immediate* medical treatment, you should go to the nearest Emergency Room. TRICARE covers appropriate emergency medical services wherever you are and no matter what plan is used (Prime, Standard, or Extra; NOTE: Deductibles, cost shares and/or co-pays may apply). Emergency care does not require a pre-authorization, although the beneficiary's primary care manager or the managed care support contractor (MCSC) must be called the next working day after receiving the care. Additionally, it would be prudent to save your receipts for claim purposes.

The following locations have emergency rooms available to treat medical emergencies:

1. Lovelace Medical Center  
601 Dr. Martin Luther King Jr. Ave NE  
Albuquerque, NM 87102  
505-727-8000
2. Lovelace West Side  
10501 Golf Course Rd NW  
Albuquerque, NM 87114  
505-727-2000
3. Lovelace Women's Hospital  
4701 Montgomery Blvd NE  
Albuquerque, NM 87109  
505-727-7800

4. New Mexico Veteran's Administration Health Care System  
1501 San Pedro SE  
Albuquerque, NM 87108  
505-265-1711  
\*\*\*No Pediatric or OB/GYN Services\*\*\*
5. Presbyterian Hospital  
1100 Central Ave SE  
Albuquerque, NM 87106  
505-841-1234
6. Presbyterian Kaseman Hospital  
8300 Constitution Ave NE  
Albuquerque, NM 87110  
505-291-2000
7. Presbyterian Rust Medical Center  
2400 Unser Blvd SE  
Rio Rancho, NM 87124  
505-253-7878
8. University of New Mexico Hospital  
2211 Lomas Blvd NE  
Albuquerque, NM 87106  
505-272-2111



### Question

*How do we obtain emergency care under TRICARE?*

Any eligible beneficiary should access the nearest emergency room of any military or civilian hospital for true emergencies, regardless of which TRICARE option you use.

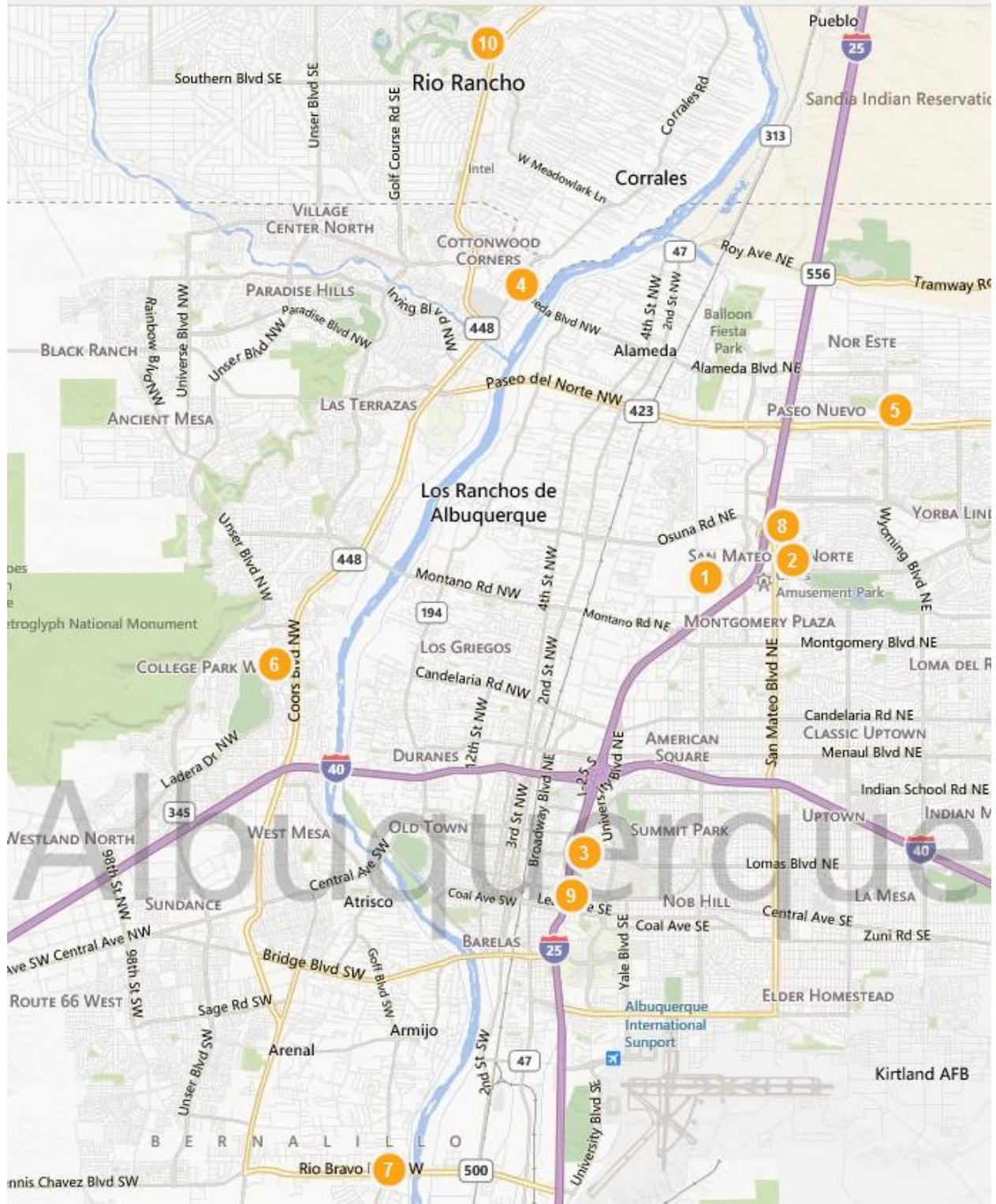
## 7. Urgent Care

Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment is considered Urgent Care. You must call your Kirtland PCM for authorization prior to visiting an approved Urgent Care Center. Your Kirtland AFB Clinic typically has acute appointments available so please contact us and we'll likely be able to get you in. In the event we are unable to schedule you an acute appointment we will give you approval and guidance on where to receive Urgent Care.

The following locations are approved Urgent Care Centers: (NOTE: You must receive prior authorization from your PCM prior to receiving care at an approved Urgent Care Locations)

- |  |   |
|--|---|
| <p>1. American Current Care<br/>3811 Commons Ave<br/>Albuquerque, NM 87109<br/>505-345-9599</p>            | <p>6. PMG Atrisco Urgent Care<br/>3901 Atrisco Dr NW<br/>Albuquerque, NM 87120<br/>505-462-7777</p>           |
| <p>2. American Current Care<br/>5700 Harper Dr. STE 110<br/>Albuquerque, NM 87109<br/>505-823-9166</p>     | <p>7. PMG Isleta Urgent Care<br/>3436 Isleta Blvd SW<br/>Albuquerque, NM 87120<br/>505-462-7575</p>           |
| <p>3. American Current Care<br/>801 Encino Place NE STE E12<br/>Albuquerque, NM 87102<br/>505-842-5151</p> | <p>8. PMG Northside Urgent Care<br/>5901 Harper Dr NE<br/>Albuquerque, NM 87109<br/>505-823-8233</p>          |
| <p>4. MD Urgent Care<br/>1648 Alameda Blvd NW<br/>Albuquerque, NM 87114<br/>505-821-9612</p>               | <p>9. PMG Pediatric Urgent Care<br/>1100 Central Ave SE<br/>Albuquerque, NM 87106<br/>505-841-1819</p>        |
| <p>5. MD Urgent Care<br/>7920 Carmel Ave NE STE 1<br/>Albuquerque, NM 87122<br/>505-828-4789</p>           | <p>10. PMG High Resort Urgent Care<br/>4100 High Resort Blvd SE<br/>Rio Rancho, NM 87124<br/>505-462-8809</p> |





## 8. Specialty Care Referrals

When your PCM determines you need specialty care, he/she will provide a referral to the appropriate specialist. A referral is a request from one provider (i.e., the “referring provider;” usually the PCM) to another provider (i.e., the “consultant” who is usually a specialist) to evaluate a patient. In the referral, the referring provider will clearly state the question/problem to be evaluated. The access standard for an initial specialty care appointment is 28 days or sooner. The consultant who evaluates you should clearly communicate his/her findings and recommendations to you and your referring provider. Specialty care can be provided by the 377 MDG, another MTF, through a network provider, or through a non-network provider. Your specialty referral will be processed by the 377 MDG’s Referral Management Center (RMC). The RMC will perform a quality check on your referral before sending it out for authorization. If you are TRICARE Prime and you need to see a network specialist, then your referral will be forwarded to the regional MCSC for processing. If you are not enrolled in TRICARE Prime, we will give you information on how to secure your civilian specialty appointment. The RMC will track your referral in order to request the medical notes from the specialist. If you ever have a question about your referral, you can call the 377 MDG’s Referral Management Office at 505-846-3402. A list of all TRICARE regions with their MCSC toll free numbers is located at <http://www.tricare.mil>.

### Question

*How will the MCSC assist the TRICARE Prime beneficiary in obtaining a specialty care referral appointment?*

The MCSC will notify beneficiaries via letter that their specialty referral request has been approved. The letter will contain the name and contact information for the beneficiary to then make their specialty appointment with the specialist. Beneficiaries are also able to obtain their approval letter online in three to five days, as opposed to the seven to ten days by mail..

### Phone Numbers

United Healthcare Military & Veterans Services: 1-877-988-9378

HealthNet Federal Health Services: 1-877-874-2273

Humana Military Healthcare Services: 1-800-444-5445

### Websites

United Healthcare Military & Veterans Services (UHCM&V):

<https://www.uhcmilitarywest.com> HealthNet Federal Health Services:

<https://www.healthnetfederalservices.com>

Humana Military Healthcare Services: <https://www.humana-military.com>

TRICARE Pacific: [www.tricare.mil/pacific](http://www.tricare.mil/pacific)

Latin America & Canada: [www.tricare.mil/tlac](http://www.tricare.mil/tlac)

Europe: [www.europe.tricare.osd.mil/](http://www.europe.tricare.osd.mil/)

International SOS: [www.internationalsos.com](http://www.internationalsos.com)

## 9. Elective Medical Care

Active duty members must coordinate all elective medical care from civilian providers with their squadron commander and their PCM prior to receiving elective care. Common elective procedures include refractive surgery for vision correction, in vitro fertilization, cosmetic dental procedures, and cosmetic surgeries including liposuction, tummy tucks, and breast augmentation.

The active duty member considering the elective procedure must be counseled on the following:

- The elective procedure will be entirely at his/her personal expense.
- Medical conditions resulting from the elective treatment may result in an MEB with the potential for medical discharge without the benefits that are normally received for medical care received in the Line of Duty. For example, disability benefits may not be provided.
- The cost associated with correcting negative outcomes, and other subsequent medical care resulting from the procedure, is normally the patient's expense.
- The member must ensure that all medical treatment records and prescription records are delivered to the MTF within 3 days of discharge.
- The member must request ordinary leave for the recovery period.
- The member must understand that he/she must seek medical advice from his/her PCM in advance of the procedure to discuss possible alternatives, as well as potential adverse effects from the procedure that may result in duty limiting conditions.

Active duty members who coordinate elective care as required with their commander and PCM may receive some leniency, through a waiver process, in covering medical bills from complications that impact the health of the member, but there is no guarantee. Members who fail to coordinate the elective care are unlikely to receive the same leniency if complications arise. In vitro fertilization procedures for purposes of becoming a contracted surrogate mother may also require off duty employment coordination.

## 10. Out of Area Care

**Routine** - For TRICARE Prime patients, if you need non-emergency care away from home, your care will be covered if you get approval from your PCM and it is a TRICARE Prime-covered service. (For Prime enrollees in certain circumstances, you may get care at any military treatment facility without calling your PCM). You can call your PCM 24/7 according to local procedures provided to you when you in-processed to your base and enrolled. For non-enrolled beneficiaries, TRICARE Standard deductibles and cost shares may apply.

**Urgent** - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment. Call your PCM for authorization prior to seeing a provider.

**Emergency** – Medical, maternity or psychiatric emergencies that would lead a “prudent layperson,” (someone with average knowledge of health and medicine), to believe that a serious



medical condition existed or the absence of medical attention would result in a threat to his/her life, limb, or sight and requires immediate medical treatment or effort to relieve suffering. Go to the nearest facility that is equipped to handle the situation. Call the patient's primary care manager and the MCSC the next working day after receiving the care. TRICARE covers emergency medical services no matter where you are or which plan you use – Standard, Extra or Prime. Deductibles, cost shares and/or co-pays may apply. Before leaving town, check with TRICARE personnel for additional information about services available in the area you will be visiting.

**Travel Overseas** – For emergency care while traveling overseas, contact International SOS, prior to receiving the care if possible, at [www.tricare-overseas.com](http://www.tricare-overseas.com) or call the Global TRICARE Service Center at 1-877-451-8659, option #4.

### Question

*What should I do if I'm a Prime enrollee and get sick while traveling outside my region?* In a non-emergency situation, contact your PCM for authorization and instructions. In an emergency situation, go to the nearest emergency department.

### Phone Numbers

UnitedHealthcare Military & Veterans: 1-877-988-9378  
 HealthNet Federal Health Services: 1-877-874-2273  
 Humana Military Healthcare Services: 1-800-444-5445  
 Global TRICARE Service Center: 1-877-451-8659, option #4

### Out-of-Area Care Scenario

#### Problem:

Major X and his family were vacationing at a location not in their TRICARE region when his son developed a temperature of 104°.

#### Solution:

**EMERGENCY CARE:** If Major X believes his son needed emergency care, he should immediately call 911 or take him to the nearest emergency room. When the emergency room asks about insurance coverage for his son, Major X should provide his son's TRICARE Prime ID card. Following emergency treatment, Major X should call the contractor (in the region he/she is enrolled) and let them know his son received emergency care. The contractor will ask questions regarding the care received and will ensure the claim gets paid for his son's emergency care.

**URGENT CARE (NOT AN EMERGENCY):** For urgent care, prior to receiving care for his son, Major X should call his son's PCM for pre-authorization. Once the out-of-area visit is pre-authorized, Major X may seek the required urgent care for his son from a TRICARE network provider.

**UNSURE WHAT LEVEL OF CARE IS NEEDED?** Regardless of the care received, if Major X receives a bill for his son's out-of-area care and it shows that TRICARE did not pay for the care, then

he should visit his Beneficiary and Assistance Coordinator (BCAC) at his home station MTF for assistance in addressing the bill.

## 11. Pharmacy

Kirtland Pharmacy is open Monday through Friday from 0730-1700 hours, and closed on weekends, training days, federal holidays, and AFMC family days. The pharmacy carries medications that are on the MTF formulary and accepts written or faxed prescriptions from off-base providers. The pharmacy may fill prescriptions up to a 90-day supply, as written by the provider, unless the medication is restricted to a specific quantity by DoD.

The pharmacy transfers prescriptions to and from other military pharmacies as long as the medication is on the MTF formulary. The pharmacy also transfers prescriptions to non-military pharmacies, but does not accept transfers from them.

All new prescriptions (provider order entry, civilian or faxed prescriptions) are processed once the patient checks in at the pharmacy window. All refills must be called into the automated refill system for processing. Refills may be called in once the patient uses 75% or more of their medication. Once refills are called in, they are ready for pick-up 48 duty-hours later. The automated system will give a date and time for refill pick-up.

The 377 MDG strives to provide a world-class pharmacy benefit to all TRICARE-eligible beneficiaries who are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Prescription drug coverage is the same regardless of which health plan option you are using. Beneficiaries may fill prescription medications at the 377th Medical Group which is the least expensive option with no out of pocket expenses; through the TRICARE Pharmacy Home Delivery, which is the most cost-effective option when a military pharmacy is not available; at TRICARE retail network pharmacies (TRRx), which provide the convenience of approximately 55,000 network pharmacies; or at non-network pharmacies, which is the most expensive option.

TRICARE covers most U.S. Food and Drug Administration approved prescription medications. Beneficiaries need a written prescription and a valid Uniformed Services identification card to have a prescription filled.

It is DoD policy to substitute generic medications for brand-name medications when available. Brand-name drugs that have a generic equivalent may be dispensed only if the prescribing physician is able to justify medical necessity for use of the brand-name drug in place of the generic equivalent. If a generic equivalent does not exist, the brand-name drug will be dispensed at the brand-name copayment.

If medical necessity is established for a non-formulary medication, beneficiaries may qualify for a \$13 copayment for a 90 days' supply from Home Delivery or 30-day supply from TRICARE Retail Pharmacy.

<p><i>Pharmacy Benefit Summary Table</i></p>
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<i>Type of Pharmacy</i>	<i>Formulary Drugs</i>	<i>Non-formulary Drugs</i>
Military Pharmacy (up to a 90-day supply)	\$0	Not Applicable
Home Delivery (up to a 90-day supply)	Generic: \$0 Brand Name: \$13	\$43 (unless you establish <u>medical necessity</u> )
Retail Network (up to a 30-day supply)	Generic: \$5 Brand Name: \$17	\$44 (unless you establish <u>medical necessity</u> )
Non-Network (up to a 30-day supply)	<u>Prime Beneficiaries:</u> 50% copayment applies after point-of-service deductible is met. <u>All Others:</u> \$17 or 20% of the total cost, whichever is greater, after the annual deductible is met	<u>Prime Beneficiaries:</u> 50% copayment applies after point-of-service deductible is met. <u>All Others:</u> \$44 or 20% of the total cost, whichever is greater, after the annual deductible is met

## Questions

### Where can I find a list of network retail pharmacies that are included in TRICARE's prescription drug plan?

To find one of the 56,000 network retail pharmacies closest to you, please visit: <http://member.express-scripts.com/web/pharmacyLocator/openPharmacyLocator.do?portal=dodCustom&net=1991>

### Are there any prescription drugs that are not covered at a network retail pharmacy?

The most commonly used prescription drugs that are excluded from coverage are medications such as smoking cessation products, weight reduction products, vitamins, drugs prescribed for cosmetic purposes and most over-the-counter products (except insulin and diabetic supplies). Details may be found at: <http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/NotCovered?>

### Are there any drugs that have quantity limitations?

TRICARE has established quantity limits on certain medications, which means that the DoD will only pay for a specified, limited amount of medication each time you have your prescription filled. Quantity limits are often applied to ensure the medications are safely and appropriately used. Exceptions to quantity limits may be made if the prescribing provider is able to justify necessity.

For details about individual medications utilize the Formulary Search tool by visiting: [www.tricare.mil/pharmacyformulary](http://www.tricare.mil/pharmacyformulary)

### Can I use more than one option for getting prescriptions filled?

Yes. You can fill prescriptions at any of the following:

MTF - least expensive option with no out of pocket expenses

Home Delivery – most cost-effective option when a military pharmacy is not available

Retail Network Pharmacy – provides the convenience of approximately 56,000 network pharmacies

Non-Network Pharmacy – the most expensive option

### Websites

TRICARE Pharmacy Web Site: <http://www.tricare.mil/Pharmacy.aspx>

MTF Locator Web Site: <http://www.tricare.mil/mtf/>

Retail Network Pharmacy Locator Web Site: <http://member.express-scripts.com/web/pharmacyLocator/openPharmacyLocator.do?portal=dodCustom&net=1991>

Mail Order, Express Scripts, Inc. Web Site: <http://www.express-scripts.com/>

## 12. TRICARE Dental Program (TDP)

TDP is the DoD's dental insurance program. United Concordia administers the Active Duty dental plan, which augments services provided at military dental treatment facilities. MetLife was awarded a five year contract in May 2012 to administer the plan to active duty family members, Selected Reservists (SRs), National Guard, Individual Ready Reservists (IRRs), and SR/IRR family member's dental plan. Annual dental benefits reset each May 1st. The TDP provides a comprehensive dental benefit to include general and specialty care with an annual \$1,300 maximum benefit per beneficiary. TDP provides coverage for general anesthesia, intravenous sedation, athletic mouth-guards, and orthodontics. The cap for orthodontics is \$1.2K annually with a \$1.5K lifetime maximum (age restrictions apply).

Additionally, cost-shares for some services have been reduced for grades E1 to E4 to encourage utilization of the benefit. Enrollment in the TDP is voluntary, continuous, and portable worldwide, and requires a 12-month commitment. A *single* enrollment includes one covered eligible beneficiary; *family* enrollment includes two or more.

### Question

#### ***How can I enroll in the TDP?***

Sponsors can enroll family members (or themselves if SR or IRR) by completing a TDP enrollment form. These forms can be acquired at the MTF, Dental Treatment Facility (DTF), or by calling TRICARE Dental Program at 1-855-638-8371. Your initial premium payment is required upon enrollment.

Enrollment applications must be received by the 20th of the month for coverage to be effective on the first of the following month. For applications received after the 20th, enrollment will be effective the first day of the second month.

### Websites

TRICARE Dental Program (MetLife):

<https://employee.dental.metlife.com/dental/public/EmpEntry.do>

## 13. TRICARE Prime Travel Benefit

The TRICARE Prime travel entitlement is only available within CONUS, to non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members when they are referred for medically necessary, non-emergent specialty care more than 100 miles one-way from the PCM location. Beneficiaries must have a valid referral and travel orders from the military treatment facility (MTF) where they are enrolled, or from a TRICARE Regional Office (TRO), if their PCM is a TRICARE network provider.

The travel benefit includes reimbursement of reasonable travel expenses incurred by the beneficiary when traveling to their specialty provider-not in an emergency status, and not to exceed government per diem rates. Examples of reimbursable expenses include meals, gas, tolls, parking, and tickets for public transportation (i.e. airplane, train, bus, etc.). Beneficiaries must submit receipts for claiming expenses.

Active duty members and family members enrolled in TRICARE Prime overseas are normally reimbursed for travel expenses by other means, not TRICARE. Active duty members are not subject to the 100 mile rule, but are subject to reimbursement rules in the Joint Federal Travel Regulation as they are for any travel.

### Traveling with a Non-medical Attendant:

The FY02 National Defense Authorization Act authorizes one parent, guardian or adult family member to travel with a non-active duty Prime enrolled patient as a non-medical attendant (NMA). The NMA is authorized reimbursement of actual travel expenses. If the NMA is an active duty member, he/she is entitled to TDY allowances (per diem and mileage) instead of actual expenses. If the NMA is a U.S. Government civilian employee, they may also be entitled to TDY allowances. By statute, the NMA must be a parent, legal guardian or other adult family member. However, if the NMA is not the parent, the NMA must be at least 21 years of age. The NMA is not required to be enrolled in TRICARE Prime or to be TRICARE-eligible. The patient however must be enrolled in TRICARE Prime. The use of a NMA must be medically warranted and approved by the MTF to receive reimbursement.

### Websites

TRO West Travel Site: <http://www.tricare.mil/TROWest/Prime-Travel.cfm>

TRO North Travel Site: [www.tricare.mil/tronorth/Prime-Travel.cfm](http://www.tricare.mil/tronorth/Prime-Travel.cfm)

TRO South Travel Site: <http://www.tricare.mil/troSouth/Prime-Travel.cfm> Patient Travel Facts:  
<http://www.tricare.mil/Welcome/Plans/Prime/TravelReimb.aspx>

## 14. TRICARE Prime Remote

TRICARE Prime Remote (TPR) is for Active Duty and Reserve Component (National Guard and Reserve) members. To be eligible for TPR enrollment, sponsors must **reside and work** more than 50 miles or one hour's drive time from an MTF, in a TPR-designated ZIP code.

(NOTE: Geographic barriers and other circumstances may justify “remote” designations that are less than 50 miles from an MTF). Additionally, Reserve and National Guard members must be on active duty orders for 31 or more consecutive days. It’s key that the RC Service member’s residence address is current in DEERS.

TPR enrollees are assigned civilian PCMs in their local community. Receiving care locally decreases lost duty time spent traveling to the nearest MTF. If you live in an area where TRICARE does not have a network provider, ask for a TRICARE-authorized provider. If your PCM or provider thinks you need to see a specialist, your PCM must obtain a preauthorization from the MCSC before you obtain the specialty care. If you do not have a PCM, you must call the Military Medical Support Office (MMSO) to obtain authorization to see the specialist.

To be eligible for TPR for Active Duty Family Members (TPRADFM), each family member must reside with their sponsor and the AD sponsor must be eligible for TPR to enroll in this program. Reserve component family members are remain eligible for this program even when the member is deployed as long as they resided with the Service member on the effective date of the reservist’s orders and remain living at the residence.

### Question

*How do I find out if I am eligible for TPR?*

Verify eligible locations at [www.tricare.mil/tpr/](http://www.tricare.mil/tpr/), or contact the MMSO office.

### Phone Numbers

United Healthcare Military & Veterans Services: 1-877-988-9378  
 HealthNet Federal Health Services: 1-877-874-2273  
 Humana Military Healthcare Services: 1-800-444-5445  
 Military Medical Support Office (MMSO): 1-888-647-6676

### Websites

MMSO Website: <http://www.tricare.mil/tma/MMSO/>

TPR Website: <http://www.tricare.mil/tpr/>

## 15. Deployment and Family Members

Active Duty members and families:

Generally, when the AD sponsor deploys, no additional action is required for the AD family members to gain access to their TRICARE benefits. However, before deployment, AD members should ensure that eligible family members, (including new babies) are registered in Defense Enrollment Eligibility Reporting System (DEERS), and that the information entered is correct. AD members should also ensure that eligible family members have a current military ID card.

If family members move while the sponsor is deployed, they will need to update their address in DEERS as soon as possible. When an AD family moves to a new TRICARE Prime region, they do not have to change their TRICARE Prime coverage, but they do need to transfer their

enrollment to the new MCSC and select a new PCM. If they move to a remote location, with no available PCM, then the family members would utilize their TRICARE Standard/Extra benefits.

#### Reserve Component members and families

When on delayed effective date orders to serve in support of a contingency operation for more than 30 consecutive days, Reserve Component (RC) members are eligible for “early” TRICARE medical and dental benefits beginning on the later of either: (a) the date their orders were issued or (b) 90 days before they report to active duty. Reserve component family members are eligible for TPRADFM if the sponsor is called to active duty for more than 30 days, and the family members reside within a TPR ZIP code at the location where the reserve member resides upon activation or effective date of orders.

The National Defense Authorization Act changes from fiscal year 2003 no longer require the activated reservist to be eligible for, or enrolled, in TPR for their family member to be eligible for TPRADFM. Reserve component family members must enroll in TPRADFM in order to enjoy the benefit. Once enrolled in TPRADFM, family members of activated reservists continuing to reside at the TPR residence address may remain in TPRADFM for the period of active duty of the member, regardless of the subsequent assignment, enrollment location (whether or not enrolled), or residence of the member.

To be eligible for this early TRICARE benefit, RC members and family members must be registered in DEERS. The member’s Service personnel office is responsible for determining the member’s eligibility for the early TRICARE benefit. The Services will notify and advise eligible RC members of their TRICARE medical and dental benefits when their delayed-effective-date active duty orders are issued.

Additionally, RC members and their families are eligible for health benefits while the sponsor is on active duty orders for more than 30 days and are eligible for transitional health care benefits up to 180 days after the RC sponsor comes off active duty orders.

Eligible RC family members may enroll in TPRADFM if the sponsor is activated for more than 30 consecutive days; and family members reside with the sponsor (within a TPR-designated ZIP code) at the time of activation. Eligible family members’ DEERS information must be up to date and reflect the *same* residential address in the system as their sponsor.

#### **TRICARE Dental Programs (TDP) for Reserve Component (RC) Members:**

Upon mobilization, RC members become eligible for the dental benefits that active duty service members receive. Family members of mobilized reservists become eligible for the same lower premiums for dental care coverage that active duty family members enjoy in the TDP.

## **16. Medical Evaluation Board Process**

The Medical Evaluation Board (MEB) process uses a system called the Integrated Disability Evaluation System (IDES). The IDES helps the Department of Defense (DoD) determine whether wounded, ill, or injured Service members are able to continue to serve. IDES quickly

returns to duty those who are. For those who are not, the IDES process determines the disability ratings they will receive from DoD and the Department of Veterans Affairs (VA). The entire process can take up to 295 days.

There are four phases in the IDES.

The first phase is called the Initial Review In Lieu Of (IRILO). This determines if a Service member can be returned to duty. An IRILO can be started when one of five conditions occur: the primary care manager identifies a duty limiting condition, the member is on profile for longer than 12 months, the member's Commander requests an evaluation, AFPC requests an evaluation, or a PCS/TDY/deployment is cancelled.

The second phase is called the MEB. This allows the primary care manager, Physical Evaluation Board Liaison Officer, and member to prepare to meet the medical board. During this period, the member will be briefed, medical records will be copied, and a case file will be created, the member receiving additional medical treatment.

The third phase is called the Physical Evaluation Board. This process is handled outside of the MTF. AFPC and the VA perform separate but simultaneous reviews of each case. During this period the member can appeal decisions from AFPC. At the end of the PEB phase a determination will have been made.

The fourth phase is called Transition/Reintegration. For members who were not fit to continue to serve, they may appeal the VA benefits rating at this time. For members who will be returned to duty, they will have an annual checkup to ensure they are maintaining standards.

## 17. Line of Duty

According to AFI 36-2910 section 1.6, an illness, injury, disease or death sustained by a member in an active duty status or in IADT status is presumed to have occurred in the line of duty. The LOD presumption can be rebutted in accordance with AFI 36-2910 section 1.7 if:

- Medical officer determines the illness, injury, or disease existed prior to service
- The illness, injury, disease, or death occurred while the member was AWOL
- Caused by the member's own misconduct

While on active duty for more than 30 consecutive days, Reserve Component (Guard and Reserve) members are covered for injury, illness or disease incurred or aggravated in the Line of Duty (LOD). This includes injuries sustained when traveling directly to or from the place of duty. In order to receive health care for these injuries or illness after the active duty period is complete or when serving on Inactive Duty (IADT), the RC member's unit must issue an LOD determination. This LOD documentation is used to establish, manage, and authorize health care for the specific injury, illness or disease. LOD coverage is separate from any other TRICARE coverage to include transitional health benefits and coverage provided under TRICARE Reserve Select.



RC members with an LOD have the same access/priority as AD members. The RC member's medical unit initiates the LOD by filling out an AF Form 348. If the RC member lives within the catchment area of a MTF, the AF Form 348 should be sent to the MTF and to the Military Medical Support Office (MMSO). If the RC member lives outside the catchment area of a MTF, the AF Form 348 is sent to the MMSO.

Any MTF can verify eligibility for LOD care for AF Reservists (not ANG) by calling the Air Force Reserve Command at 1-888-577-2561, option 4, Monday-Friday 0700-1700 EST. MTFs will need to provide the AF Reservists' full Social Security number to verify eligibility. Additional guidance on LOD can be located in AFI 36-2910 (Line of Duty Determination) and AFI 41-210 (TRICARE Operations and Patient Administration Functions).

## 18. Health Insurance Portability and Accountability Act (HIPAA) & Privacy Rule

### HIPAA

The Health Insurance Portability and Accountability Act of 1996 created national standards to safeguard Protected Health Information (PHI) and provided the basis for the implementation of Privacy and Security Rules. It is important to understand that only certain individuals and organizations that meet the definition of Covered Entity must comply with HIPAA requirements.

Within the Air Force, all Air Force Medical Service (AFMS) personnel under the control of the USAF Surgeon General, from the personnel at the local Medical Group, up to and including the staff at the USAF Surgeon General's Office, are part of a Covered Entity and must comply with HIPAA. HIPAA does not apply to Line of the Air Force organizations. Once the line receives PHI, the medical information is no longer protected by HIPAA, but does remain subject to the Privacy Act.

### Privacy Rule

The Privacy Rule compliance date was April 14, 2003, and established standards which a Covered Entity must follow to protect the confidentiality of an individual's identifiable information. The rule is applicable to all forms of health information such as paper documentation, electronic transmissions, and verbal conversations and must include adequate safeguards, policies and procedures, document retention requirements, sanctions for members of the workforce who fail to comply with the privacy policies and procedures, training, and refraining from intimidating or retaliatory acts. The Privacy Rule also gives individuals more control over their health information and certain rights such as the right to:

- Receive a written notice of the covered entity's privacy practices
- Access, inspect and obtain a copy of their health information
- Request corrections to their medical records

- Obtain an accounting of disclosures of their health information
- Request restrictions on the uses and disclosures of their health information
- Request alternate (confidential) communications with the MTF, if reasonable
- File a complaint regarding a privacy infraction

### **Specialized Government Functions & Command Authority**

The HIPAA Privacy Rule recognizes the United States military has a need for the health information of military members in order to effectively lead and manage the military mission, and provides access to such information under the Specialized Government Functions provision of the rule. This provision, which only applies to active duty serve members under the commander's authority, allows the Medical Treatment Facility personnel, as well as civilian medical facilities, to share health information with commanders on G-series orders or their authorized designee, under limited circumstances and in the minimum amount necessary to accomplish the purpose of the disclosure. Authorized designees are the Deputy/Vice Commander and First Sergeant; other designees must be in writing. Examples of the types of information you may receive include information to:

- Determine a member's fitness
- Determine a member's fitness to perform any particular mission, assignment, order, or duty, including compliance with any requirements that are a precondition to perform such mission, assignment, order, or duty
- Carry out activities under the authority DoD Directive 6490.2
- Report on casualties in any military operation or activity in accordance with applicable military regulations or procedures
- Carry out any other activity necessary to the proper execution of the mission of the Armed Forces

Some examples of PHI you receive for individuals under your command are:

- AF Form 469 Duty Limiting Condition Report
- AF Form 422 Notification of Air Force Members Qualification Status
- Preventative Health Assessment and Individual Medical Readiness report (PIMR)
- Notification of Admission to Quarters
- Notification of Flying Status
- Notification of Dental Classification
- Coordination of appointments and notification of missed appointment
- Risk assessment for Personal Information Files

### **Mental Health**

In addition to the above, there are also certain instances where other DoD (DoDI 6490.08, dated 07 Aug 2011) and Air Force (AFI 44-109, Mental Health, Confidentiality, and Military Law)

guidelines require the Medical Treatment Facility to notify appropriate command authorities regarding the military member's involvement with mental health services, such as:

- The member poses a danger to self, others, or to security
- Admission to, or discharge from a mental health unit or ward; referrals for admission
- The member's mental status has deteriorated to the point it may significantly affect work or family functioning
- There is suspected existence of family maltreatment, child abuse, or substance abuse

Guidelines in the instructions strike a balance between patient confidentiality rights and the commander's right to know for operational and risk management decisions.

### **Care Provided at a Non-Military Facility**

When the MTF refers a patient off-base for care, the medical information created in response to the referral is to be provided to the MTF for inclusion in the individual's military health record.

Access to medical information is somewhat different when an individual purposefully seeks care off-base without coordinating with the MTF, and pays for the care at his or her own expense. The HIPAA Privacy Rule does allow the off-base provider to disclose the medical information to the appropriate military command authority, however, the rule does not mandate the disclosure, and the military cannot compel such a disclosure. Therefore, absent the individual's authorization to disclose the information it is unlikely the off-base provider would make such a disclosure to the military. To help preclude mission impact, guidance found in AFI 41-210, *TRICARE Operations and Patient Administration Functions*, addresses this issue by prescribing specific responsibilities for the ADSM to arrange for the off-base provider to send a summary of treatment to the servicing MTF.

### **Question**

*Where can I get additional information regarding HIPAA and how it affects me as a commander?*

The Air Force Medical Service has prepared a detailed briefing that explains the HIPAA Privacy Rule and its effect on your leadership role. Contact the local Medical Treatment Facility's Privacy Officer to receive this briefing.

*Are there any other legal issues I should be concerned about when handling or requesting PHI?*

Additional information can be found in the 2010 version of "The Military Commander and the Law," available at <http://www.afjag.af.mil/shared/media/document/AFD-101025-032.pdf>, with a chapter addressing medical and mental health, including an overview of HIPAA. Guidance is also available on the AFMS HIPAA Privacy Office Knowledge Exchange.

### **Websites**

AFMOA Health Information Compliance Team:

<https://kx2.afms.mil/kj/kx2/AFMOAHealthBenefits>

Defense Health Agency – HIPAA & TRICARE: <http://www.tricare.mil/tma/hipaa/>

U.S. Department of Health & Human Services – Health Information Privacy:

<http://www.hhs.gov/ocr/privacy>